

**Department of Housing and Community Development Emergency Housing and Assistance Program
(EHAP)
REQUEST FOR DISBURSEMENT (RFD)**

Mail completed forms to: Program Manager
Emergency Housing and Assistance Program
Department of Housing and Community Development
P.O. Box 952054
Sacramento, California 94252-2054

EHAP Agreement (Contract) # _____ -EHAP- _____

Contractor Name: _____
(Exactly as it appears on your contract)

Contractor Mailing Address: _____
(As reported on Vendor Data Form which must be on file with the state)

Contract Effective Date: _____ Expiration Date: _____

RFD Preparer's Name: _____ Phone # _____ EXT _____

E-Mail address _____ Fax # _____

A. Amount of Request (**rounded to nearest \$**): \$ _____

B. This is an: Advance Request: _____ RFD: _____

Expense Documentation Only: _____

We the undersigned do certify that costs and expenditures identified in this Request for Disbursement are accurate and that (except for a request for advance) all identified costs were incurred in performance of the above identified Agreement. Detailed supporting documentation verifying each expenditure is available and will be retained for five years after expiration of the Standard Agreement.

By: _____ Date: _____
(Contractor's Fiscal Officer's original signature)

By: _____ Date: _____
(Contractor's Executive Director's original signature)

PROVIDE ORIGINAL SIGNATURES ONLY. MUST BE DIFFERENT SIGNATORS FOR THE FISCAL OFFICER AND THE EXECUTIVE DIRECTOR.

HCD USE ONLY - PLEASE DO NOT WRITE BELOW THIS LINE

The amount shown on this request is hereby approved for disbursement.

EHAP Fiscal Officer: _____ Date: _____

EHAP Contract Manager: _____ Date: _____

EHAP Program Manager: _____ Date: _____

EHAP DISBURSEMENT SUMMARY

(Round to nearest dollar)

Contract Activity	(1) Approved Grant Amount	(2) Amount Previously Disbursed	(3) Amount of this Request	(4) Total Requested & Previously Disbursed (2+3)	(5) Balance (1-4)
Acquisition					
On Site/New Construction					
Rehabilitation					
Equipment					
Lease/Rent					
Mortgage Payments					
Vouchers					
Residential Rental Assistance					
Operations					
Administration					
DLB Admin. Fee					
Total					

Contractor

Contract#

-EHAP-

